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PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | 543312000420 | | |
|---|--|--|---|--|--|
| | | | ` | 343312000420 | |
| Application Number | Application Number 10/661,165 | | Filed | ed September 11, 2003 | |
| For METHODS FO | OR DETECTION OF GENETIC | DISORDERS | | | |
| Art Unit 1634 | Art Unit 1634 | | | E. Whisenant | |
| identified application. | er the provisions of 37 CFR 1.1 | | | | |
| The requested extens | sion and lee are as follows (che | * | | | |
| X One mor | oth (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity \$60 | \$ 60.00 | |
| Two mor | oths (37 CFR 1.17(a)(2)) | \$450 | \$225 | . \$ | |
| Three m | onths (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| Four mo | nths (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| Five mor | oths (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | |
| A check in the Payment by co | applicant/inventor. assignee of record of the enti | attached. charge fees in this any fees which may I have enck Transmittal submission re interest. See 37 | be required, or osed a duplicate form (PTO/SB/1 in duplicate. | credit any overpayment, to copy of this sheet. Fee 17) is attached to this | |
| | Statement under 37 CFR attorney or agent of record. If attorney or agent under 37 C Registration number if acting to | Registration Numbe | • | , | |
| 0 | Signature | | | Date | |
| Alicia J. Hager Typed or printed name | | (650) 813-4296 Telephone Number | | | |
| NOTE: Signatures of all than one signature is rec | the inventors or assignees of record of the | entire interest or their repr | resentative(s) are requ | · uired. Submit multiple forms if more | |

forms are submitted.

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